PTO/SB22 (12-44)
Approved for use through 07/31/2006, 0MB 0951/0931
U.S. Pelant and Trademark Office, U.S. DEPARMENT OF COMMERCE
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	t 37 CFR 1.136(a)		onal)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Serie 6132	Serie 6132	
oplication Number 10/563,278		Filed January 4	Filed January 4, 2006	
or Inhalable gaseous medicine base	d on xenon and	nitrous oxide		
t Unit Unknown		Examiner Unkno	Examiner Unknown	
his is a request under the provisions of 37 CFR 1.13 application.	36(a) to extend the p	eriod for filing a reply in t	he above identified	
he requested extension and fee are as follows (che	ck time period desire	and enter the appropria	ate fee below):	
	<u>Fee</u>	Small Entity Fee	100	
One month (37 CFR 1.17(a)(1)) to 10/10/06	\$120	\$60	s <u>120</u>	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	s	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	s	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	s	
Applicant claims small entity status. See 37 CFR	1.27.			
A check in the amount of the fee is enclosed	d.			
Payment by credit card. Form PTO-2038 is	attached			
The Director has already been authorized to		s application to a Depo	osit Account	
The Director is hereby authorized to charge Deposit Account Number 01-137  WARNING: Information on this form may become provide credit card information and authorization of the control o	5 I ha	ive enclosed a duplica	ite copy of this sheet.	
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Deposit Account Number 01-137 WARNING: Information on this form may become provide credit card information and authorization of	public. Credit card info on PTO-2038.	eve enclosed a duplice mation should not be income to the income control of the income c	ite copy of this sheet.	
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Deposit Account Number	nublic. Credit card info pro-2038. The interest. See 37 3.73(b) is enclosed degistration Number	CFR 3.71. (Form PTO/SB/96). r	ate copy of this sheet. cluded on this form.  over 6, 2006 Date 624-8787	
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USPTO to process) en application. Confidentially is governed by \$5 U.S.C. 122 and 3f CFR.1.11 and 1.14. This collection is estimated to law or immures complete, including patienthy, preparing and submitting the complete application from the IMEPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete table immunes from the IMEPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this term and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Transmark, P.O. 8th et Alexandria, V.A. 2313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.